

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
Employment Supports & Services

QUALITY ASSURANCE REVIEW
Individual Supported Employment Services

QUALIFIED VENDOR NAME (<i>Last, First, M.I.</i>)	CONTACT PERSON'S NAME
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QUALIFIED VENDOR ADDRESS (<i>P.O. Box, No., Street, City, State, ZIP</i>)	PHONE NO. (<i>Include area code</i>)
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REVIEWER'S NAME	DATE(S) OF REVIEW
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DIRECT LINE STAFF INTERVIEW

JOB COACH'S NAME

DATE OF HIRE / TIME AT PROGRAM	DATE OF INTERVIEW
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How do you know the employment outcomes/objectives of the consumers you serve?

How do you help the consumer reach those outcomes/objectives?

How do you measure and record progress toward these outcomes and objectives?

How does the job coach facilitate the development of natural supports for the consumer with whom he or she works?

How does the job coach assist consumers to become “full members” of their workplaces (*e.g. participating in after-work activities with co-workers*)?

How was the training you received adequate or inadequate for your job responsibilities?

What additional training would you like?

CONSUMER INTERVIEW

CONSUMER'S NAME	JOB COACH'S NAME
CONSUMER'S JOB TITLE	CONSUMER'S HOURLY RATE OF PAY
EMPLOYER'S NAME	EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)
CONSUMERS' WORK SCHEDULE <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	FROM TO

What is your job here?

What do you like about working here?

What do you dislike about working here?

How does staff help you when you need help?

How often does your job coach visit you?

What kind of job would you like to have in the next few years?

MANAGEMENT LEVEL INTERVIEW

INTERVIEWEE'S NAME / TITLE

DATE OF INTERVIEW

Does the Qualified Vendor develop and maintain ongoing relationships with the local business community? If so, how? If not, what are the barriers preventing this?

How does Qualified Vendor staff educate current/prospective employers about the abilities and challenges of the consumers served?

How is the satisfaction of consumers and employers measured and how is that information used for program improvement?

What do you see as the program's strengths?

What do you see as your program's challenges?

Are there any areas within the Division's Employment Supports and Services that you feel need improvement?

Job coaching:

What progress has been made toward achieving service outcomes?

- At least 75% of consumers will meet their annual vocational goals, as defined in their Individual Support Plans %
- At least 10% of consumers will be identified for progressive moves from Group-Supported Employment %

How is the satisfaction of consumers and employers measured and how is that information used for program improvement?

CONSUMER FILES REVIEW

CONSUMER'S NAME

DATE OF INTERVIEW

Are monthly progress reports completed? Yes NoAre individual production records completed? Yes NoIs there a current Individual Support Plan and an employment outcome/objective? Yes NoAre there progress notes? Yes NoIs there a medical emergency contact on file? Yes NoAre medical consents current? Yes No

Comments:

Routing: Original – Employment Program Specialist, Copy – District File

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TDD Services: 7-1-1.